

EXAMPLE

Kindergarten School/Facility Annual Immunization Survey Worksheet

EXAMPLE

County: _____ School/Facility Name: _____

Certificate Information							Vaccine Specific Information				
		Certificate Expiration Date (MM/DD/YY)	Current/Provisional Certificate	Medical Exemption	Religious Exemption	No Certificate on File	DTaP/DTP/D T	Polio	Hepatitis B	MMR	Varicella
							# of doses on record	# of doses on record	# of doses on record	# of doses on record	# of doses on record
Child 1	10/30/08	7/5/14	✓				(4)	(3)	(3)	(2)	(2)
Child 2	10/30/08	11/15/12	✓ Exp.				(5)	(3)	(3)	(2)	(2)
Child 3	1/6/08	1/20/14		✓			3	2	1	1	(2)
Child 4	3/29/08	4/11/14	✓				(4)	(3)	2	(2)	1
Child 5	11/7/07	11/21/13	✓				3			1	(2)
Child 6	9/1/07	DK				✓	DK			DK	DK
Child 7	5/27/08	6/9/14					(5)			1	(2)
Child 8	2/29/08	3/14/14					(4)			1	1
Child 9	7/15/07	7/29/13					(5)			(2)	(2)
Child 10	4/3/08	4/17/08			✓		3			1	1
Child 11	12/26/07	1/9/14					(5)	(3)	(3)	(2)	(2)
Totals			7	1	1	1	7	5	4	6	7

For **EXPIRED** certificates, enter a check mark in the Current/Provisional column, but write Exp. next to the checkmark

For **medical exemptions**, enter a checkmark in the correct column of the Certificate Information section, then enter the Vaccine Specific Information, highlighting any cell for which a child has a medical exemption. Make sure to write down all immunizations a child had received prior to acquiring a medical exemption.

For **religious exemptions**, enter a checkmark in the correct column of the Certificate Information Section. If a certificate is available with previous shot history, please enter all information in the Vaccine Specific Information section including the Certificate Expiration Date.

When there is **no certificate on file**, enter a checkmark in the correct column of the Certificate Information section, then enter DK (Don't Know) in the Vaccine Specific Information section for each vaccine for that child and in the Certificate Expiration Date. Also, if possible, record the date of birth of the child using the school record or birth certificate.

Each number represents the number of doses on the child's record for a particular vaccine. The circled numbers indicate that the child has received a particular count of doses appropriate for each vaccine (i.e., a completed DTaP vaccine series is 4 or more doses. Therefore, if the child has received 4 or more doses of DTaP, then circle those doses in the DTaP column). Count the number of circles in each column, and enter it into the row labeled 'Totals' (Number of circles).

Enter these totals onto the School/Facility Annual Immunization Survey.